

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90157 026 ***150.00

DOCUMENT # P95000029649

1. Entity Name

BUDGET ROOTER, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

163 66th TERRACE

Suite, Apt. #, etc.

3. Mailing Address

163 66th TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 65-0576268	Applied For <input type="checkbox"/> Not Applicable
Zip 33413	Country USA	Zip 33413	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MCLEOD, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

163 66th TERRACE

City

WEST PALM BEACH

FL

Zip Code

33413

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEOD, MICHAEL 163 66th TERR. WEST PALM BEACH, FL 33413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEOD, NANCY 163 66th TERR. WEST PALM BEACH, FL 33413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas McLeod *Nancy McLeod*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-02